

# CMO REPORT

FROM THE DESK OF

Amy Tucker, MD, MHCM, Chief Medical Officer, Upstate University Hospital  
Associate Dean for Clinical Affairs, College of Medicine

UPSTATE  
UNIVERSITY HOSPITAL

February 18, 2022

## COVID Update

# Positive	# ICU	# Vent
40	9	5

## Upstate Welcomes Two U.S. Air Force Small Medical Teams (SMT)

By the Upstate Leadership Team

Upstate welcomes two U.S. Air Force Small Medical Teams (SMT) to assist with patient care and throughput.

At the request of the Federal Emergency Management Agency, approximately 40 medical personnel from the United States Air Force are assisting with patient care and patient throughput at Upstate University Hospital, between Feb. 10 through March 12.

The team includes six physicians, a nurse practitioner, a physician assistant, 22 registered nurses, four respiratory therapists and four medics. Two management/administrative personnel are also on site to assist the team.

The team is expected to assist the hospital with opening a nursing unit—10G—that was closed due to staffing constraints, as well as expanding beds in other care areas where beds were reduced. This expanded space will make room for patients needing hospitalization, who would otherwise be waiting in the emergency department for an open bed.

The USAF SMT's efforts will help reduce the number of boarders in the Emergency Department and will ease the strain so that they can care for patients with emergent needs rather than having to dedicate the limited staffing resources to care for patients waiting for an open bed.

The group already underwent a multi-day orientation of hospital policies and procedures.

Please welcome these folks to Upstate and Syracuse. We are tremendously grateful for the sacrifice they are making, leaving their families behind to help us care for the Central New York community.

## Heparin Flush Shortage

By Dr. Scott Murray

Heparin 10 unit/ml flushes are on national backorder. Upstate supplies dwindled in October 2021 to a unprecedented low level of only 3 days supply on hand. The supply has thankfully improved, albeit temporarily. This event prompted a conversation at the Medication Safety Committee between Pharmacy and the PICC Team members on mitigation strategies if heparin flush 10 unit/ml became unavailable for an extended period of time. During those discussions, it

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was identified that other institutions have adopted normal saline as the routine flush model for intravenous lines, and this is being thought of as an emerging best practice.

Infusion Nurses Society (INS) – Infusion Therapy Standards of Practice 2021, had advocated for a saline only approach and the October shortage afforded Upstate an opportunity to trial this AND mitigate the effect of a potential heparin flush shortage. Our trial was conducted in late October 2021 on the East Tower 9<sup>th</sup> and 10<sup>th</sup> floors, led by Anne Snowdon and the PICC Team. The trial was successful in switching from heparin 10 unit/ml to normal saline as routine flush (q6h) and demonstrated >50% reduction in TPA for occlusion. The trial allowed providers space to use heparin flushes if there was a compelling rationale. However, the provider was prompted to select a reason, and this was recorded in the Medication Administration Record (MAR) in the medication details section.

The trial efforts were well timed, as the national backorder depleted the wholesaler supplies again on 2/2/2022. We initiated a multi-campus adoption of the saline only approach on Friday 2/11/2022 at the direction of a multidisciplinary group consisting of PICC Team, EPIC, IMT, Pharmacy, Medication Safety, and Nursing. The group used the successful trial to guide the implementation, education, and reporting. This new system of intravenous line management focuses on adult inpatient areas, and excludes pediatric units, ER, OR, procedural areas and outpatient ambulatory areas. In addition, no changes will be made regarding the management of IV lines requiring higher heparin concentrations (100units/mL).

To date, this has been a successful implementation verified by high rate of conversion from heparin 10 unit/ml to normal saline routine flush q6h with no identified lines lacking corresponding flush orders from normal saline (or heparin where appropriate). In a short-time, we will have achieved adoption of this emerging best practice standard, and simultaneously addressed a historic lack in compliance of line order without flushes and mitigated impact of a national back order. All this done in the midst of the aftershocks of the pandemic.

The authors of this short account would like to send a hearty shout out to our Upstate nursing staff for the heavy lift on the fast adoption of this new initiative, that involved broad education and detailed documentation. Everyone involved has displayed a consistent CAN DO attitude and patient care focus. We would ask providers to ensure their patients have flush orders for continued success, especially after CVC placement.

## Expanding Indications for ILI Clinic to Include 1E

By Nancy Walklett

With decreasing infection rates and stable monoclonal supplies, the ILI clinic is now able to further expand the patients eligible to receive the monoclonal antibody infusions to all prioritization groups 1A through 1E.

Please refer to the attached NYS DOH prioritization information for guidance on eligible patients and call the ILI clinic at 315-464-5955 with questions.

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## EPIC Improvement Opportunity

By Dr. Leslie Kohman

In order to continue improvements to our Electronic Health Record (EHR), all Medical Staff, Residents and Fellows are encouraged to take a few minutes to share their insights and candid opinions about EPIC by following this link: [SUNY Upstate 2022 EHR Experience Survey \(qualtrics.com\)](https://www.qualtrics.com/survey/2022-upstate-ehr-experience-survey) or by scanning the QR code to the right.



Upstate partners with the KLAS Arch Collaborative, a national effort to benchmark physicians' experiences with their EHR. This allows your feedback to have national relevance and to be collected anonymously if you wish. The link opened on Friday, February 8<sup>th</sup>, and will run for three weeks. Results will be shared as soon as analysis is complete, as they were last year. Upstate has used results from previous editions of this activity to improve EPIC use in multiple ways, including:

- Increased opportunity for individualized training including 1:1 "over the shoulder" sessions from trained EPIC coaches who highlight areas where you can improve.
- Reduced Best Practice Advisories (BPAs) by more than 50%, saved practitioners 700 hours, and embedded the required action directly into the BPA.
- Added numerous Express Lanes, including one for erroneous encounters.
- Enhanced Chart Search, now includes media AND content in PDFs.

## Clinical Documentation Improvement (CDI)

By Dr. Emily Albert, Dr. Brian Changlai, and Dr. Abha Harish; Co-Directors, CDI



COVID-19 associated conditions continue to be represented by a number of specific ICD-10 codes. The accurate assignment of these codes depends on clear documentation of the underlying cause and associated treatments. For the most accurate representation of your patient's condition, and their response to treatment, please always document when something is due to COVID-19.

Please see the attached tip sheet for more information. For questions, please contact the CDI Hotline at 315-464-5455.

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## Exceptional Moments in Teaching Recipient – February 2022

By Dr. Lawrence Chin



Dr. Corey McGraw is the February 2022 recipient of the Exceptional Moments in Teaching recognition. The Norton College of Medicine recognizes exceptional teachers with the monthly [“Exceptional Moments in Teaching”](#) program. Honorees are selected via student assessments from courses and clerkships. Recognized teachers – including medical faculty, residents, nurses and other educators – are those who challenge students and provide an exceptional learning experience. Congratulations, Dr. McGraw!

## Outstanding Physician Comments

Comments from grateful patients receiving care on the units and clinics at Upstate:



**Breast Care Center:** Dr. Jayne Charlamb was wonderful! Dr. Ranjna Sharma spent a lot of time with me and was wonderful! Dr. Ranjna Sharma goes above and beyond and it is truly appreciated.

**Community Campus – Virtual:** Dr. Harish Babu clearly provided information in an understandable manner. Dr. Grahame Gould explained my test results and answered all of my questions. Dr. Grahame Gould advised that the MRI scan showed no change in the test results. That was good news!

**ED at Community:** Dr. James Mangano was extremely caring and professional. He took the time to listen to me and explain possibilities and how he and his team were going to treat my symptoms and what they might mean.

**ENT:** Dr. Sam Woods was wonderful, friendly, and reassuring. I felt he was genuinely concerned about my problem and wanted to help me.

**ENT at Community:** Dr. Mitchell Gore is always pleasant. Dr. Mitchell Gore is very easy going, willing to answer questions and provide information.

**Family Medicine:** Dr. Rupali Singla – kind. I felt comfortable with Dr. Rupali Singla immediately and felt that I was listened to.

**Family Medicine at Community:** Dr. R Eugene Bailey is outstanding. Dr. R Eugene Bailey is a caring and expert medical provider. He truly cares about my medical, mental, and spiritual health. Love Dr. Sana Zekri!! Very thorough and kind. Dr. Sana Zekri was extremely helpful. Dr. Sana Zekri is wonderful because he cares about my concerns. I frequently recommend Dr. Sana Zekri to friends, family, and even strangers! Dr. Sana Zekri is an excellent physician, very caring and professional. He listens to my concerns and values them.

**Joslin Pediatric Center:** Dr. David Hansen instilled confidence by his knowledge, compassion and care. Great experience! Dr. David Hansen is one of the most patient and accommodating physicians we’ve ever seen. You never feel rushed, he

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answers calls on the portal after hours, he is kind to the kids and you know you can trust him. He even shows concern for other family members that aren't his specific patient. I wish all physicians were like **Dr. David Hansen**. We love **Dr. David Hansen** and have referred him already to other people.

**Multidisciplinary Programs Cancer Center:** **Dr. Mark Crye** was thoughtful, professional, and caring. He's very impressive. **Dr. Mark Crye** was caring and made it easy to understand everything. **Dr. Ruham Alshiekh Nasany** – concerned about making a patient's experience at the facility, and exam room as good an experience as possible.

**Nephrology Clinic:** **Dr. Ramya Bhargava** is one of the most informative doctors I've ever had the pleasure of working with.

**Peds Neph, Rheum, Integrative Med:** **Dr. Anjali Sura** was phenomenal. She listened, validated and did not minimize my daughter's symptoms. I can't wait to call our pediatrician and ensure they know to recommend **Dr. Anjali Sura** to anyone with chronic pain.

**Pulmonology Clinic:** **Dr. Angela Love** is just what I would want in a provider. Good listener, honest/direct, easy to understand and communicate with. Thanks!

**Rheumatology Clinic:** **Dr. Sheetal Rayancha** has been so helpful in diagnosing my condition and working with me to implement a treatment plan. She has truly listened to my concerns and taken them into account when prescribing new medications. Her treatment has greatly improved my quality of life. I'm very grateful to have her as my care provider! **Dr. Sheetal Rayancha** has truly changed my quality of life. **Dr. Sheetal Rayancha** does an extremely good job making sure she listens to my current concerns and making me understand the best treatment plan to move forward. She is very patient, understanding, and informative.

**SUNY Upstate – Virtual:** **Dr. Deborah Bradshaw** conducts a thorough and outstandingly stellar virtual appointment and provides the highest quality of care and professionalism at all times. I am very happy with **Dr. Deborah Bradshaw**. **Dr. Stephen Knohl** was wonderful and before the appointment ended, he made sure I completely understood the results of my tests and the next step to take with my primary doctor. **Dr. Ruth Weinstock** is the best!!

**Surgery – UH LL022:** **Dr. Kristina Go** was extremely caring and explained in great detail the course of action I should be taking to maintain my health. **Dr. Moustafa Hassan** is an exceptional physician. He was knowledgeable, confident and kind. We feel very fortunate to have met him. He went above and beyond on a holiday weekend to care for our son after his surgery.

**Transplant Center:** **Dr. Matthew Hanlon** is just a very good doctor.

**UHCC – Neurology:** **Dr. Sherif Elwan** listened well and answered my questions clearly. **Dr. Kimberly Laxton** made sure I understood all of my treatment options and helped me make my decision instead of making it for me. I felt like she was really listening to me and wanted to help. **Dr. Luis Mejico** was very kind and understanding. He took his time with my case and I could tell that he really wanted to help me. **Dr. Jenny Meyer** is an excellent listener and provides answers to a patient's questions that are clear, easy to understand, and complete. One leaves an appointment feeling well cared for and having all the information needed to deal with their issues. **Dr. Dragos Mihaila** – professional.

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**Univ Pediatric & Adolescent Center:** Dr. Karen Teelin is excellent. She talked to my daughter, showed her a book, very gentle tone and caring.

**University Geriatricians:** Dr. Andrea Berg was extremely polite, listened attentively, and didn't condescend. She explained everything and made us feel cared for. She has a great bedside manner. Very pleased with Dr. Dona Varghese.

**University Internists:** Dr. Vincent Frechette is the best doctor you could have. He's compassionate, easy to talk with, and one of the best diagnostics I've ever had handling my health care. I feel safe with him overseeing my care. I'm very happy with Dr. Kaushik Govindaraju's care. This was my first time meeting Dr. Catherine White. She was kind, patient, and friendly. She served as a good example to the resident who was with her. I have recommended Dr. Catherine White to my sister.

**Upstate Pediatrics:** It was our first-time meeting Dr. Yekaterina Okhman and she was very knowledgeable, friendly and put my daughter at ease.

**Vascular Surgery at Community:** Dr. Palma Shaw – very thorough and courteous. Did a great job explaining x-ray. Dr. Palma Shaw is amazing!

**2East at Community:** I would trust Dr. Mark Antosh with my life.

**4North at Community:** Dr. Ranjna Sharma was excellent, very thorough, and very kind. Dr. Ranjna Sharma was fantastic, kind, and courteous!

**05A:** Dr. Anthony Feghali – excellent care of me (A+). Dr. Mark Marzouk – excellent care of me (A+). Dr. Grigore Toma – A+.

**06A:** Dr. Michael Kuhn was concerned and listened to needs.

**06K:** Dr. Kevin Gaskin in the ER – outstanding doctor! Dr. Kevin Gaskin was incredible. Really listened to my concerns and treated compassionately.

**08E:** Dr. Rauf Shahbazov – professional, caring, concerned.

**08F:** Dr. G. Randall Green addressed all of my concerns.

With thanks and appreciation.

~ Amy

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Governor

Department  
of Health

MARY T. BASSETT, M.D., M.P.H.  
Acting Commissioner

KRISTIN M. PROUD  
Acting Executive Deputy Commissioner

## Prioritization of Anti-SARS-CoV-2 Monoclonal Antibodies and Oral Antivirals for the Treatment of COVID-19 During Times of Resource Limitations

### Introduction

In times of limited supplies of monoclonal antibodies (mAbs) and oral antivirals (OAVs), providers should prioritize patients eligible for treatment based on their level of risk for progressing to severe COVID-19. In addition, the most efficacious products should be prioritized for patients with the highest risk for hospitalization and death.<sup>1</sup>

According to the [NIH COVID-19 Treatment Guidelines](#), triage and prioritization should only be implemented when logistical or supply constraints make it impossible to offer the therapy to all eligible patients. During periods of limited resources, the Panel suggests:

- Prioritizing the **treatment** of COVID-19 and
- Prioritizing anti-SARS-CoV-2 mAbs and OAVs for **unvaccinated or incompletely vaccinated** individuals and **vaccinated individuals who are not expected to mount an adequate immune response** (e.g., individuals with moderate to severe immunocompromise or individuals aged ≥65 years).

As reminder, Monoclonal antibodies and oral **therapeutics are not a substitute for vaccination** in individuals for whom vaccination is recommended. Providers should continue recommending COVID-19 vaccination as the best strategy to prevent COVID-19 severe disease, hospitalizations, and deaths.

Patients who have moderate to severe immune compromise (due to a medical condition or receipt of immunosuppressive medications or treatments) or are unable to receive COVID-19 vaccines due to a history of a severe adverse reaction to a COVID-19 vaccine should be considered for [pre-exposure prophylaxis with a long-acting monoclonal antibody](#) (Evusheld).

### How to use this framework

Each patient should be assigned to a group within Tier 1 and then prioritized within the respective group. Patients assigned to 1A should be considered the highest priority, with 1B being the next highest priority and so on. The recommended therapy section notes which groups should receive therapy without exception and which groups may need to be put on a wait list if supplies of a given therapeutic are limited.

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<sup>1</sup> In clinical trials, [Paxlovid](#) demonstrated an 88% reduction in hospitalizations and death in high-risk unvaccinated adults vs. 85% for [Sotrovimab](#) vs. 30% for [Molnupiravir](#)



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## Department of Health

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### Tier 1: Prioritization Groups for the Treatment of COVID-19

For treatment, patients must have mild to moderate symptoms, test positive for SARS-CoV-2, and be within 10 days of symptom onset for mAbs or within 5 days for oral antivirals

Risk Groups	Recommended Therapy/Approach	Notes on Prioritization
1A. Any age with <a href="#">moderate to severe immunocompromise</a> regardless of vaccine status <b>or</b> Age 65 and older and not fully vaccinated with at least one <a href="#">risk factor for severe illness</a> <b>or</b> Age 65 or older that is a resident of a long-term care facility environment	<b>Refer for monoclonal antibody therapy</b> (mAb) or prescribe Paxlovid, ideally within 24 hours of positive test  Consider molnupiravir if the options above are not available	If needed, prioritize patients based on <ul style="list-style-type: none"><li>• Age</li><li>• Number of <a href="#">risk factors</a></li></ul>
1B. Under 65 years of age and not fully vaccinated with <b>two or more</b> <a href="#">risk factors for severe illness</a> or over 65 and not fully vaccinated (no risk factors)	Consider mAbs or OAVs if supplies allow	If needed, prioritize patients based on <ul style="list-style-type: none"><li>• Age</li><li>• Number of <a href="#">risk factors</a></li></ul>
1C. Under 65 years of age and not fully vaccinated with at least one <a href="#">risk factor for severe illness</a>	Consider mAbs or OAVs if supplies allow	If needed, prioritize patients based on <ul style="list-style-type: none"><li>• Age</li></ul>
1D. Over age 65 and fully vaccinated with at least one <a href="#">risk factor for severe illness</a>	Consider mAbs or OAVs if supplies allow	If needed, prioritize patients based on <ul style="list-style-type: none"><li>• Age</li><li>• Number of <a href="#">risk factors</a></li><li>• Receipt of booster</li><li>• Time since last vaccination</li></ul>
1E. Under 65 years of age and fully vaccinated with at least one <a href="#">risk factor for severe illness</a> <b>or</b> Age 65 and older and fully vaccinated with no other risk factors	Consider mAbs or OAVs if supplies allow	If needed, prioritize patients based on <ul style="list-style-type: none"><li>• Age</li><li>• Number of <a href="#">risk factors</a></li><li>• Receipt of booster</li><li>• Time since last vaccination</li></ul>





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### Notes

- We recommend using BMI  $\geq 30$  as a cutoff for weight-based risk factor
- The risk of severe disease increases with the number of comorbidities, even among fully vaccinated individuals<sup>2</sup>
- Non-white race or Hispanic/Latino ethnicity should be considered a risk factor, as longstanding systemic health and social inequities have contributed to an increased risk of severe illness and death from COVID-19
- See [CDC guidance](#) for further information on specific medical conditions and associated risk
- Fully vaccinated is currently defined as having received two doses of an mRNA vaccine, or a single dose of the Johnson & Johnson vaccine

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<sup>2</sup> [Bierle et al, mAb Treatment of Breakthrough COVID-19 in Fully Vaccinated Individuals with High-Risk Comorbidities. JID 2021](#)

# UPSTATE

UNIVERSITY HOSPITAL

Clinical Documentation Improvement

February 2022 Tip of the Month

COVID related conditions

Applies to all providers

## Link diagnoses & manifestations to COVID-19 when present and due to COVID-19

- When documenting a COVID infection, specify whether it is asymptomatic or linked to another manifestation.
- To link, use format: **\*\*Diagnosis/Manifestation\*\* due to COVID-19**

Some examples that may be caused by COVID-19:

<b>Respiratory</b>	Viral Pneumonia, Acute Respiratory Failure, ARDS, Pulmonary Embolism, Pulmonary Fibrosis
<b>Neurologic</b>	Stroke, Headache
<b>Cardiac</b>	Myocardial Infarction, Intracardiac Thrombus, Shock
<b>Immunologic</b>	Sepsis, Lymphocytopenia, MIS-C* or MIS-A, Cytokine Release Syndrome
<b>Renal</b>	Acute Kidney Injury, Dehydration
<b>Gastrointestinal</b>	Viral Enteritis
<b>Hematologic</b>	Coagulopathy, Hypercoagulability, DIC, Thrombocytopenia
<b>Musculoskeletal</b>	Critical Illness Myopathy

\*pediatric providers, stay tuned for follow-up tip from CDI

## Confirmation of COVID-19 does not require documentation of a positive test result

- The providers documentation of their validation that the individual has COVID-19 is sufficient.

## Clarify if current admission is due to active COVID-19 infection or sequelae from prior infection.

cdi@upstate.edu  
for help with anything  
documentation related

STATE UNIVERSITY OF NEW YORK

**UPSTATE**  
MEDICAL UNIVERSITY

ALAN AND MARLENE NORTON  
COLLEGE OF MEDICINE

# EXCEPTIONAL MOMENTS IN TEACHING



The Alan and Marlene Norton College of Medicine recognizes exceptional teachers with the monthly “Exceptional Moments in Teaching” program. Honorees are selected via student assessments from courses and clerkships. Recognized teachers—including medical faculty, residents, nurses and other educators—are those who challenge students and provide an exceptional learning experience.

**Corey McGraw, MD,** is assistant professor of Neurology at Upstate Medical University and the **February 2022** recipient of the **Exceptional Moments in Teaching Recognition.**

## COMMENTS FROM DR. MCGRAW’S STUDENTS:

*“Dr. McGraw teaches by example on how to be an excellent leader, physician and educator. He fosters teamwork amongst healthcare professionals as he would actively thank and include residents, students, PTs/OTs and RNs during rounds. He made sure that there was something to learn from each of the patients. He stressed the importance of working effectively with other departments in order to advocate for our patients. Dr. McGraw is a great example of the hidden curriculum in medical school, teaching us not only the medical knowledge but also the art and humanity in medicine.”*

*“Dr. McGraw is one of the best attendings I’ve ever had the pleasure to work with. His dedication to teaching medical students is unrivaled. Not only does he pass on his incredible depth of knowledge whenever he can, but he has the best bedside manner I’ve ever seen. His example sets a clear vision of something I aspire to be.”*

*“I really enjoy Dr. McGraw’s personality and the way he interacts with people! He is very respectful, funny and really a great person. He is fantastic at teaching, explains things well, and is super nice. He also has an amazing bedside manner, and patients really love him.”*